

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold;">B</div> <div> <b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b>            (FOR USE WITH FORM PTO-875)         </div> <div>           SERIAL NO. <span style="font-size: 1.5em; font-weight: bold;">09/966453</span>            FILING DATE _____            APPLICANT(S) _____         </div> </div>						
CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/	/				51
2		/	/			52
3			/			53
4			/			54
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41						91
42						92
43						93
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TOTAL IND.	4	4				TOTAL IND.
TOTAL DEP.	3	5				TOTAL DEP.
TOTAL CLAIMS	7	9				TOTAL CLAIMS

PTO-1350 (3-78)  
 \*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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